Michigan Department of Education
2011-2012 Homeless Education Grant

Collaborative Partner Commitment

This form serves as a signed general assurance that the Collaborative Partner agency or organization has the following:

- Financial stability
- The ability to deliver high-quality services to children and families
- A commitment to provide services to the school district named below

Name of District: AAA - TEST

Name of Partner/Agency: _____

Partner Representative: 1

Address of Partner: 2

_____

Phone: _____ E-mail: _____

Partner Type: _____

Assurances

I/We hereby verify and assure that our district will:

- be engaged in the Needs Assessment and Grant Planning processes with the Grant Coordinator/Liaison, participating districts and other collaborative partners,
- assure timely and accurate reporting of homeless student data to the Grant Coordinator and/or the MI Department of Education upon request,
- assure or assist in providing all mandated and/or relevant services required of McKinney-Vento subgrantees, and

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

The authorized district official submitting this application assures that a copy of this form is on file at the district named above.

_____

Signature of Collaborative Partner Representative Date